

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		101 →	1		
2			102 →	1		
3				1		
4				1		
5				1		
6			1			
7			1			
8			1			
9	1		1			
10			1			
11	1		1			
12	1		1			
13	1		1			
14		1	1			
15	1		1			
16	1		1			
17	1		1			
18	1		1			
19	1		1			
20	1		1			
21		1	1			
22	1		1			
23	1		1			
24		1	1			
25	1		1			
26	1		1			
27	1		1			
28	1		1			
29	1		1			
30	1		1			
31	1		1			
32	1		1			
33	1		1			
34	1		1			
35	1		1			
36	1		1			
37	1		1			
38	1		1			
39	1	1				
40	1	1				
41	1	1				
42	1	1				
43	1		1			
44	1		1			
45	1	1	1			
46	1	1	1			
47	1	1	1			
48	1		1			
49	1					
50	1					
TOTAL IND.			60			
TOTAL DEP.			88			
TOTAL CLAIMS			148			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52	1					
53	1					
54	1					
55	1					
56	1					
57	1					
58	1					
59	1					
60	1					
61	1					
62	1					
63	1					
64	1					
65	1					
66	1					
67	1					
68	1					
69	1					
70	1					
71	1					
72	1					
73	1					
74	1					
75	1					
76	1					
77	1					
78	1					
79	1					
80	1					
81	1					
82	1					
83	1					
84	1					
85	1					
86	1					
87	1					
88	1					
89	1					
90	1					
91	1					
92	1					
93	1					
94	1					
95	1					
96	1					
97	1					
98	1					
99	1					
100	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS